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ABM INDU Form 4 October 14, 2	STRIES INC /DE 2014	E/									
FORM	1 /								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check the									Expires:	January 31, 2005	
if no longer subject to STATEMENT OF CHANGES					CS IN BENEFICIAL OWNERSHIP OF			NERSHIP OF	Estimated average		
	Section 16. SECURITIES								burden hours per		
Form 4 o Form 5		~			~ ·				response 0.5		
obligation								e Act of 1934,			
may cont				-	-			1935 or Sectior	1		
See Instru	uction	30(n)	of the In	vestment	Compan	iy Ac	t of 194	0			
1(b).											
(Print or Type F	Responses)										
(
1. Name and A	ddress of Reporting I	Person <u>*</u>	2. Issuer	Name and	Ticker or	Tradii	ng	5. Relationship of	Reporting Pers	on(s) to	
CHIN DEA			Symbol	nbol BM INDUSTRIES INC /DE/				Issuer			
			-								
			[ABM]					(Check all applicable)			
(Last)	(First) (N	/liddle)		Farliest Tr	ansaction			Director	10%	Owner	
551 FIFTH AVENUE, SUITE 300 10/11/2				e of Earliest Transaction			X_Officer (give title Other (specify below)				
				-							
551111 1111(12(02, 50112 500 10/11/2								SVP - Chief Accounting Officer			
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
				(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK, NY 10176							Form filed by More than One Reporting				
NEW IORI	A , IN I 10170							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution		Transactio				Securities	Form: Direct		
(Instr. 3)		any		Code (Instr. 3, 4 and 5)			5)	Beneficially	(D) or	Beneficial	
		(Month/D	ay/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						(D)	\$				
Stock	10/11/2014			F	748	D	ф 25.32	17,547 <u>(1)</u>	D		
Stoon							20.52				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHIN DEAN A 551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176			SVP - Chief Accounting Officer				
Signatures							
By: Barbara L. Smithers, by power of attorney			10/14/2014				
**Signature of Reporting Perso	n		Date				

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Includes 9,038 RSUs, adjusted to reflect the cumulative effect of fractional shares, 795 performance shares earned but not vested with
 (1) respect to performance shares granted on 3/8/2012, 863 performance shares earned but not vested with respect to performance shares granted on 1/14/2013, and DERs related thereto.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.